Maine Volunteer Court Appointed Special Advocates Program Bill for Expense Reimbursement

AOC - Famiy Division 171 State House Station Augusta, ME 04333

Name: Address:			PV - 40A-
Address: SSN:			AOC use only
Vendor code:			
	Daily Mileage Expense (@.44 per mile effective for travel on or	after 1/1/09)
Docket No.	Date Travel Occurred	Departure point to destination (ie Portland - Bath - Portland) & reason (ie FTM, court, child visit)	Round Trip \$ Amount per trip
Telephone Postage Parking	Receipts are required for all miscellaneous	Miles Traveled & Mileage Amount Claimed	
Tolls Copying Supplies	expenses & should be attached to this bill when submitted.	Total Misc. Expenses Claimed Total Claimed & Balance Due	
ADMINISTRATIVE OFFICE USE ONLY ***Approved for Payment***		I certify that the above detailed amounts were in accordance with applicable regulations; were actually paid; and that the expenses were occasioned by official CASA business.	
Fund Agency Org Approp Object Amount 010 40A 2053 012		Signature of CASA Volunteer Date I certify that the expenses above were required by the official duties and are in accordance with all applicable regulations.	
Signature of official authorized to approve expenses		Signature of official authori	zed to approve expenses Date